DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor, or an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

EMERGENCY SWITCH PROVIDED WITH MEANS TO SIGNIFY STATE OF ACTIVATION OR INACTIVATION THEREOF

Lethe specification of which is submitted herewith.

I hereby state that I have review and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations Section 1.56(a).

I hereby claim the benefits under Title 35, United States Code, Section 120 of any United States application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

A _F	lication Number Country		intry	Filing Date	Priority Claime	ity Claimed	
I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) or PCT internationa application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.							
Ap	plication Number	Co	ountry	Status-patent, pending	, or abandoned		
I hereby appoint the following attorney(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: W.WAYNE LIAUH, Rcg. No. 34,212; J '. Address all correspondence to W.Wayne Liauh, Law Office of Liauh and Associates, 4224 Waialac Ave, Suite 5-388 Honolulu, HI 96816. Tel:(808)-739-2978; Fax:(080)-735-2978.							
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
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Full Name of Inventor:		Inventor	Signature:		Date:		
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Full Name of Inventor:		Inventor	Signature:		Date:		
Residence Address:							
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Residence Address:							
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